



CANCER SCREENING BENEFIT CLAIM FORM

To file your claim online, register on Aflac.com or download the MyAflac mobile app.

- Benefits of filing your claim online include faster claim processing time and receiving claim communications by email.

Please read all instructions.

Failure to follow these instructions could delay the processing of your claim.

- Do not include receipts, statements or other claim documentation with this form.
- Do not write on form except as instructed.
- Sign, date and fax or mail the completed form to the Aflac fax number/address shown below.
- Use black or blue ink only and print legibly when completing this form in its entirety.
- Mark only wellness exam boxes for test(s) and/or treatment(s) received.
- Failure to complete all sections may result in a delay in processing this claim.
- Some types of tests and/or treatment listed may not be covered by your policy.

Please keep a copy of this completed form for your records. Please print a separate form for each additional family member or call 1-800-99-AFLAC (1-800-992-3522) to request additional forms. Claims for all other benefits covered under this policy must be filed separately using the claim forms available at aflac.com or by calling 1-800-99-AFLAC (1-800-992-3522).

CANCER SCREENING BENEFIT CLAIM FORM

Policy Number:

All Fields are required.

Policyholder Information:

Last Name

Suffix

First Name

MI

Date of Birth (mm/dd/yy)

Telephone Number where we can reach you

Home Address

City

State

Zip Code

☐ Check box if this is permanent address change.

Patient Information:

Last Name

First Name

Date of Birth (mm/dd/yy)

Sex: ☐ Male ☐ Female

Relationship: ☐ Primary Policyholder ☐ Spouse ☐ Dependent Child

M M D D Y Y Y Y

M M D D Y Y Y Y

M M D D Y Y Y Y

Treatment
Date:

Mammogram
Date:

Pap Smear
Date:

☐ Genetic Testing

☐ Serum Protein Electrophoresis

☐ CA153 (blood test for breast cancer monitoring)

☐ Chest X-ray

☐ Hemocult Stool Specimen

☐ Thermography

☐ Scopes (Oscopies)

☐ CEA (blood test for colon cancer)

☐ PSA (blood test for prostate cancer)

☐ Scans/MRI

☐ CA125 (blood test for ovarian cancer)

☐ Ultrasounds

☐ Pap Smear/Pap Smear-ThinPrep

☐ Mammogram

☐ Breast Ultrasound

☐ HPV Screening

☐ Cervical Cancer Screening

☐ Biopsy

☐ Bone Marrow Screening

☐ P32 Uptake Test

☐ Cancer Vaccine

Actual Cost
of Mammogram

Physician's
Phone
Number:

Physician's Name

Physician's Street Address

Physician's City

State:

Zip:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime, and subjects such person to criminal and civil penalties.

The Physician listed above is authorized to validate the information I have provided.

POLICYHOLDER/PATIENT SIGNATURE

FAMILY RELATIONSHIP, IF NOT POLICYHOLDER

DATE

CW06197CA

Page 2 of 2

06/17

American Family Life Assurance Company of Columbus (Aflac)
ATTN: Claims Department • 1932 Wynnnton Road • Columbus, GA 31999
For information or to check claim status, visit aflac.com or call 1-800-99-AFLAC (1-800-992-3522)
Claims may be faxed to 1-877-44-AFLAC (1-877-442-3522)